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CONFIRMATION NO. 7387

<b>SERIAL NUMBER</b> 10/809,157	<b>FILING OR 371(c) DATE</b> 03/25/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 151P9958US02
<b>APPLICANTS</b> Keith E. Jasperson, Andover, MN; Thomas J. Valine, Spring Lake Park, MN; Frederic J. R. Wahlquist, Champlin, MN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/278,769 10/22/2002 <i>yes</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE AG 4/26/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>4/26/07</i> Acknowledged <i>AG</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 54228				
<b>TITLE</b> Method of delivering a fluid medication to a patient in flex mode				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	